

FILED JUN 8 1944

Registration District No. 2

Primary Registration District No. 3052

Registrar's No. 151

1. PLACE OF DEATH

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 3 years
years, months or days)

3. (a) PRINT-
FULL NAME

WILLIAM BENTLEY

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex M 5. Color or White
Race W
6. (a) Single, widowed, married, divorced, Married
(b) Name of husband or wife Ester Mae Bentley 6. (c) Age of husband or wife if
alive 3 years
7. Birth date of deceased 7 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 1 12 hr. min.

9. Birthplace Fayette Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Wesley Bentley

12. Name Howard Co Mo

13. Birthplace Howard Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Stone

15. Birthplace Howard Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Lou Smith

(b) Address 498 W. Morgan

17. (a) Burial (b) Date thereof 5-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James Cemetery

18. (a) Signature of funeral director J. D. Ferguson

(b) Address 117 E. Jefferson St

19. (a) 5-2-44 (b) ma Emma Singer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. E. Johnson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26
year 44 hour minute M.

21. I hereby certify that I attended the deceased from Apr 15
19 44 to Apr 26 19 44
that I last saw him alive on Apr 26
and that death occurred on the date and hour stated above

Immediate cause of death Lobar pneumonia Duration
Pneumonia - Suppurative
diffuse

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations 13 fl

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature W. M. Eames (M. D. or other)
Address 181 1/2 W. Main Sedalia Mo

RECEIVED
District Health Officer No. 8,

District File Number

Date filed

6-7-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

F. D. Ferguson

Licensed Embalmer No.

2172

P. O. Address

Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.